

AFFIDAVIT OF NICOLS FOX

State of West Virginia

County of Greenbrier

Nicols Fox, being duly sworn deposes and says:

1. My name is Nicols Fox. I live at Windy Knoll, Brownstown Road, Renick, WV (Mailing address: HC 66, Box 461A, Renick, WV 24966)
2. I am a journalist of 28-years standing. For more than a decade I was a regular correspondent for The Economist magazine. My articles and essays have appeared in numerous US and international publications including The Washington Post and The New York Times. I am the author of four books, two of them on medical topics.
3. This affidavit is being composed on a manual typewriter because I can no longer use a computer. Nor can I be exposed to any electrical device. Exposure to radio-frequency radiation, especially wireless (wifi) or cell phone frequencies, produces documented and repeatable physiological effects that have had a serious detrimental impact on my health, my career and my life.
4. I have lived at my present address for only 10 months. Previously I lived on Mt. Desert Island, Maine, widely known as being one of the most beautiful places in America. I was forced to sell my business and my home, leave friends and a community that, over twenty-two years, I had grown to love, not just because of my growing electrical hypersensitivity, but because the progressive installation of wifi and the plan to turn the entire island into one wifi or "hot spot" zone presented a serious threat to, not simple my wellbeing, but to my life.
5. At great expensive and personal sacrifice, I had to move to an extremely rural area where cell phone reception is weak and for the moment there is no wireless. I have bought land and am building a small, off-the-grid house.
6. I am not looking forward to the struggle of using wood heat and oil lamps at my age and in poor health. But most of all, I fear that the proposed implementation of universal wireless broadband will threaten what little comfort and safety I have managed to achieve.
7. Since wireless broadcasts are no respecter of property rights; since I can not live in a house or on property that receives a wireless signal, I believe such broadcasts amount, under law, to a "taking."
8. My sensitivity began with exposure to an industrial-strength uninterruptable power supply (UPS) device that, over time, produced a sunburn-like effect on the right side of my body that first went away overnight, then only over the weekends, and then, not at all.

EXHIBIT 10

8. This continuous sunburn-like effect got my attention. I contacted an expert to find out what was going on. With his help I discovered that it was not my computer causing the problem (which I had suspected) but the UPS device. I unplugged it at once.

9. I was directed to the Swedish Association for the Electrosensitive (feb.se) where I learned about the condition. This site advised me to get off the computer.

10. I did not take that advice for two reasons: I earned my living at the computer, and the information from government sources was reassuring. The fields I was being exposed to were well below levels said to have any effect on the human body. While it was easy enough to find a few studies indicating that electric fields caused cellular changes, these were generally ignored or discredited in surveys conducted by governmental or non-governmental organizations. I put them out of my mind and continued to work.

11. One aspect of my condition was worrying, however. Could something with only a psychological cause produce a sunburn on only one side of my body? Nevertheless, with government standards to reassure me, I kept working.

12. My condition worsened. The sunburn vanished with the removal of the UPS device, but other symptoms appeared. First tingling and an unpleasant fizzy sensation. Then shooting pains. More severe pain in the hand that rested on the mouse. Burning on my face that caused me, almost unconsciously, to cover my face as well as I could with one hand or the other as I tried to work. Finally the pain in my hands, arms and shoulders became so severe that I would scream. Only then would I stop working.

13. I bought a new computer with an LCD screen. It helped only slightly. I bought a protective glove. Clumsy. I wore a protective scarf over my head. Little help. I changed careers. I opened an antiquarian bookstore. I made sure the shop had low EMF, at great expense. Soon everything about the antiquarian book business was on computers.

14. And then came wifi. At first I didn't know what was causing me such pain and fatigue. I didn't have a cash register--only a cash drawer. I had reduced my exposure to EMF to the greatest extent possible, and I was only getting worse.

15. Then my computer guy told me that my shop was picking up signals from the library and numerous other sources. Suddenly it made sense. I was no longer comfortable in the library, or in the grocery store next to it. Wifi was the problem. Out of it, I was fine.

16. I clung on for another year, becoming increasingly uncomfortable. Finally, I capitulated. I closed the shop and put my house on the market. As exposed as my house was to wifi, I couldn't even live there the last 10 months. I stayed at a friend's house.

17. By that time, I was discovering that wifi wasn't as benign as I was being told. I found there were many studies connecting radio-frequency radiation to adverse health effects. (Attachment 1)

18. I mentioned previously that two of my books were on medical topics, specifically, foodborne disease. While I am not a scientist, merely a journalist, I respect science and its methods. From the first triggering exposure even as my symptoms progressed, I was the skeptic. How could I be sure I wasn't inventing this in my mind? I was hard to convince.

19. The first real evidence was that I sometimes felt pain when I could discover no electric source; no source for emf. Then I got a gauss meter and found the problem: high fields in those areas produced by hidden sources that could be identified if I looked for them. (In one spot the circuit breaker was on the other side of the wall.)

20. My "denial" was made worse by my natural optimism. I wanted the symptoms to go away; I felt sure they eventually would. They did not. They worsened.

21. For some reason I also failed to make obvious connections. I suffered great pain while watching television and blamed it on the chair. Then, one night I cut off the TV and continued to sit there reading and noticed that the pain had vanished. Then, I cut it on and the pain came back. I could cut the pain off and on with the RCD.

22. Some sensitive people are always wary. On the contrary, I am usually hopeful that I will not experience symptoms. Therefore, they catch me by surprise--not when I have used a meter to detect sources, which I believe could produce what one was looking for, but using a meter to confirm a source only after I have experienced severe symptoms.

23. Still, that is not science. Science requires double-blind studies. My doctor and I conducted one unwittingly. I had been to her house (she became a friend) several times with no discomfort. Then, I became uncomfortable after only a few minutes on a subsequent visit. I tried to say nothing and endure the pain. Eventually, I had to tell her that I had to leave. Outside, we discussed what might be the possible source. Neighbors with wife? we speculated. I left. I was home only a minute when she called to apologize. Her son had been home over the weekend and had turned on the wifi. We both became believers.

24. A nearby town put in wireless. I was driving through showing a visiting friend the winter sights. Suddenly I was hit with such intense pain that I screamed, doubled over and stopped the car. She had to drive. Twice more I was hit with pain as I went through town. These proved to be wifi booster spots. I am afraid now to drive in areas I don't know well.

25. Am I the only one? It seems from a California study that there are millions of us. In 1998 the California Dept. of Health found 3.2 % of the population identified themselves as electrically hypersensitive. Clearly, we can't all be mad.

26. My health is now ruined. My pain has increased over the years from an unpleasant tingling to shooting nerve pains, to the present when proximity to something as innocuous, seemingly, as a turned-off, plugged-in lamp can cause severe muscle and joint pain in the nearest body part. I can use no electrical devices. I am able to talk for only a short period of time on an old land line before I experience discomfort, pain in my ear, and my voice becomes hoarse and rough, apparently due to some damage to my vocal chords from emf. I cannot watch TV or listen to the radio. Driving even an old car with fewer electronic gadgets is painful and exhausting. I have acute gastric reflux disease. I am exhausted much of the time and have an almost constant headache, as at the moment I can only lower my exposure rather than avoid it completely. I don't sleep well.

27. My world, already circumscribed, becomes smaller everyday. A restaurant, off the beaten path, with low incandescent lighting, no music system and no ceiling fans, will suddenly decide to install wifi and one more possibility for normal life vanishes.

28. Sometimes there is good news. While most libraries refuse to cut off their wifi, one has relented. If no one is using it they will cut it off for me while I look for a book--if no one comes in who wants it. This library situation is very hard for me as a writer and researcher. I'm afraid I get emotional just writing about it.

29. Visits to the doctor leave me exhausted and in pain. We are putting off medically indicated tests unless absolutely necessary because of the physical toll they take on my health. On a visit to the emergency room I turned off the lights, pulled plugs on all equipment, and still was in agony as my badly infected hand was treated. I went home exhausted, in pain, and ill.

30. When I think about the future I realize that retirement communities and nursing homes are out of the question. Nor can I visit my family, as they live in urban areas with universal--or nearly universal--wifi.

31. I have no social life to speak of. My career is ruined. I am too exhausted and sick to do any work on a regular basis. I am rapidly running out of money and because I took social security early when my poor health caused my income to fall I will not have enough to live on, neither can I file for disability since I am now of retirement age. I have no idea how I will survive.

32. In addition to those problems I do not know when the land I have bought will be "invaded" by cell towers or wireless. One day I might be safe; the next I might be sick. The future looks as grim and as frightening as any I could imagine. I am a refugee running from an invisible enemy that could attack at any moment.

33. I have only recently discovered that it has long been known in scientific circles that there are, indeed, biological effects not only from ELF fields but from low level, non-thermal, radio-frequency fields. (Attachment 2).

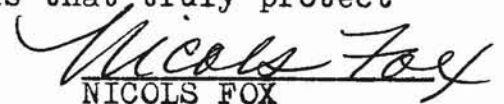
34. Russian studies (attachment 3) translated by the US Govt. in the 1970s addressed the adverse effects of exposure to non-thermal radio-frequency radiation. Several were excluded from the 1984 survey of Biological Effects of Radiofrequency Radiation conducted by the EPA and used to set exposure standards for the public. The criteria used for the study (attachment 4) appear designed, in fact, to exclude, rather than include relevant studies. Thus, the standards need to be readdressed using any and all studies that might call attention to potential health problems associated with exposure previously considered safe.

35. One excluded study describes the symptoms I have experienced almost precisely. (attachment 5) I experienced similar low heart bpm.

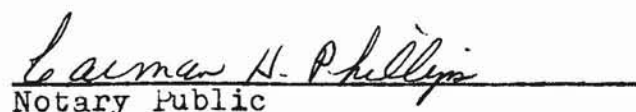
36. Wearing a Holter monitor for 24 hours demonstrated the irregularities (22,600 in 24 hours) + experienced during a period when I was exposed to wifi almost continuously. (attachment 6) My heart is rarely irregular now that I am living in a rural setting where I am seldom exposed, but in one exposure my heart dropped to 38 BPM, a rate measured by my neighbor.

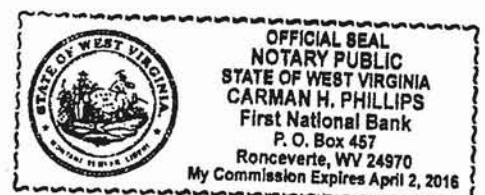
38. With the understanding that the EMR Policy Institute is preparing comment to submit in the current FCC proceeding to develop policy for providing high-speed internet service throughout the country (FCC 09-31, A National Broadband Plan for Our Future) I hereby designate the Institute to speak on my behalf, defending my right to be safe in my own home and on my own property, but also in all public settings of whatever kind and in private settings that are open to the public. I should not have to face pain, discomfort, and health effects that could be life threatening while doing ordinary activities because FCC's current exposure guidelines are inadequate in light of the findings of current science. Their adequacy in protecting all citizens from what would be continuous exposure is called into question, in fact, by the EPA. (Attachment 7)

39. My signature below confirms my approval of EMR Policy Institute's representation of me and I further ask that FCC accept this affidavit and the attached exhibits into evidence for consideration under FCC 09-31, A National Broadband Plan for Our Future as it is material evidence of the harm that is the result of signals to which I have been subjected for which the present standards are inadequate and not based on science both old and current that should be considered in setting standards that truly protect the public.


NICOLS FOX

Subscribed and sworn to and
before a Notary Public, in
and for the County and State
aforesaid this 3rd day of June, 2009


Notary Public



MOUNT DESERT ISLAND HOSPITAL

CARDIOPULMONARY SERVICES

MOUNT DESERT ISLAND HOSPITAL

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Patient Information

Name: FOX, NICHOLS		Scan Number:
ID #: D21109=66352	Age: 65	Sex: Unknown
Referring Physician: K. KOTAS, MD		Date Recorded: 06/19/2008 14:23:56
Indications: DYSRHYTHMIA, PVCS		Date Processed: 06/23/2008
Medications:		Date Of Birth: 09/14/1942
Recorder: H12.Cont.3.14	Recorder No:	Hookup Tech: LTS
		Analyst: RMT

Scan Criteria

SVPB Prematurity: 20 %	Pause: 2000 msec	Tachycardia: 100 BPM
ST Segment Elevation: 200 μV	Long RR/Pause: All Beats	Bradycardia: 60 BPM
ST Segment Depression: 100 μV	Pause Excluded From HR: No	Minimum Tachy/Brady: 3 min

Summary Statistics

Total QRS: **113581** Recording Duration: **24 hr, 0 min** Analyzed Data: **24 hr, 0 min**

Rate Statistics:

Min Rate: **54** at **17:15:38**
 Max Rate: **129** at **11:52:33**
 Mean Rate: **79**

Tachycardia/Bradycardia Episodes:

Longest Tachycardia: **0:08:45, 108 BPM Avg** at **12:52:06**
 Fastest Tachycardia: **0:04:20, 113 BPM Avg** at **11:51:06**
 Longest Bradycardia: **0:07:15, 59 BPM Avg** at **23:13:56**
 Slowest Bradycardia: **0:03:45, 59 BPM Avg** at **23:01:31**

Supraventricular Ectopy:

AFib (Time%)/peak avg. rate: **(0) / 0 BPM**

Singles: **38**
 Couplets: **2**
 Runs: **0**

Ventricular Ectopy:

Singles: **22610**
 Couplets: **35**
 Runs: **0**

Total: **42**

R on T: **1**
 Total: **22681**

MOUNT DESERT ISLAND HOSPITAL

BAR HARBOR, ME

Name	Number	Sex	Age	Admit	Disc.	F/C	Type
FOX NICOLS	D21109	F	65	06/19/08	06/19/08	MB5	O/P
DOB: 09/14/1942		M/R#: 035112		Physician: KOTAS KATH		RM:	
HOLTER MONITOR INTERPRET & RE 93227				COMPLETE 06/19/08 15:00 RMT 66352			

INTERPRETATION: This patient reported chest constriction on two occasions, and on each occasion she was in sinus rhythm with no ST segment shifts. The patient reported irregular heart rate and palpitations on several occasions. At these times she was having unifocal ventricular premature complexes of varying frequency.

The basic rhythm is normal sinus rhythm with normal PR, QRS and QT intervals. There was a rather marked degree of ventricular ectopic activity with more than 22,000 ventricular premature complexes in 24 hours. The vast majority of these ventricular premature complexes came from a single focus and there were frequent episodes of pairing. There were no episodes of non-sustained ventricular tachycardia.

In summary, this tracing shows a rather marked degree of ventricular ectopic activity with at least 30 episodes of pairing in 24 hours. Evaluation for underlying causes is recommended. During episodes of chest constriction, there were no ST segment shifts.

Edward Gilmore, M.D./ds DD: 06/24/08 0858 DT: 06/24/08 1057

Reviewing Physician

E.B. GILMORE, MD

6-24-08
discussed
OK